the funeral director, should be filed with

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12967

12984

CERTIFICATE	OF DEATH

Pag Dist No

		103				- Ku	. D. 111. 110.	
1. PLACE OF DEATH o. COUNTY Son	erset	M	ARYLAND	2. USUAL RESIDENCE (V	Where deceased lived	d. If institution: F b. COUNTY S	Residence before	admission)
b. CITY OR TOWN RURAL and give	(If autside corporate limits nearest tawn) Anne	s, write c. LENGTH OF ST		Princess &	outside corporate li	imits, write RURA	L and give near	est town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, given	ve street address)		d. STREET ADDRESS Beeckwood	Street		e	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Marie Harr	ris Baughan	ldle	Last	4. DATE OF DEATH N	Month • V •	Doy 6	Yeor 19 <i>5</i> 9
5. SEX Female	2652 4 4	7. MARRIED NEVER MA	RRIED	B. DATE OF BIRTH		st birthdoy) Mo	UNDER I YEAR I	Hours Min.
10a. USUAL OCCUPAT  during most of wa  PACKET	ION (Give kind af wark d irking life, even if retired)	Teaching	S OR INDU		te ar foreign country		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME LOVIC H	arris			14. MOTHER'S MAIDEN Ada Dela		ris	100	
15. WAS DECEASED EV (Yes, or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or dates of ser	TES? 16. SOCIAL SECURITY		N. Baughan	Beechwe	Address	Frinc	egs
Canditians, if gave rise ta cause (a), stating lying cause lost	the under-	dranit	cui	- cache	reser	e ,	3	most
CATIC		OITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	WINAL DISEASE CON	NDITION GIVEN I		PERFORMED?
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature af injury in	Part I ar Part II af	item 16.)		
Y 20c. TIME OF INJU Haur a. n. p. m.	10	20d. INJURY OCCURRED While Not while at wark at work	20e. PL foo	ACE OF INJURY (Home, fai tory, street, affice bldg., e	rm, 20f. (City or to	wn)	(Caunty)	(State)
21. I certify to alive on No. actual SIGNATURE PHYSICIAN'S NAME (Type)	that I oftended the	100		3, 1959, to No occurred at 129, m.D. Med Cent	0	couses and	on the date	w the deceased a stated above DATE SIGNED
22a. BURIAL, CREMATI BEMOVAL (Specify		22c. NAME OF CO		R CREMATORY	22d. LOCATION Orients	(City, tawn, ar co	ounty)	(State)
3. FUNERAL DIRECTO	R'S SIGNATURE R'S Allilou	ADDRESS Dunce	so Co	24a. REG	C'D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 show the perfect of the page 3 show the detached far use as the burial-transit permit. Then please remays—carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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Child.			
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the funeral director, should be filed with

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	2	9	6	8

CERTIFICATE OF DEATH 19000

	Dist.	

12000				Reg. Dist.	No.
1. PLACE OF DEATH  o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (WE STATE Maryland	nere deceased lived. I b.	f institution: Residence	before admission)
b. CITY OR TOWN (If outside corporate fimits, w RURAL and give nearest town) Princess anne	c. LENGTH OF STAY IN 16 Life Time	c. CITY OR TOWN (IF a	Anne	s, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet oddress)	d. STREET ADDRESS	2		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Beatrice	Middle	losi Bev <b>a</b> ns	4. DATE OF DEATH	Month II	Day Year 9 1959
Formala Colomad	MARRIED   MEVER MARRIED   DOWED   DIVORCED	B. DATE OF BIRTH	9. AGE lost b	44 4	YEAR IF UNDER 24 HRS. Oys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) HOUSE Wife	Self -molov	Moneyland	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Sidney Bevans		Stella D	ashield		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service]		nformant Stella Bewa	ns Princ	Address egg Anne	Md
Conditions, if any, which gove rise to immediate couse (a), sloting the under-fying couse lost.  PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDI		(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in l	Part I or Port II of ite	m 18.)	YES NO 🔼
Hour o.m.	Nod. INJURY OCCURRED 20e. Pt While Not while fo It work at work	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	20f. (City or town)	(Con	unty) (Stote)
21. I certify that I attended the decolive on NDD ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1959, and that death	M.D. Peino	AM, from the co	auses and on the or town, stote)	st saw the deceased dote stoted above DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  11/15/50	22c. NAME OF CEMETERY O	PR CREMATORY	22d. LOCATION (CIN	- 1 0000	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 2	4b. REGISTRAR'S SIGN	
William H. James Pri	nesss Anne. M	d. DATE N	OV 1 6 '59	Cirthun &	Frank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL PECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shannow be detached far use as the burial-transit permit. Then please remove carbon-papers. Pages 1 of the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

	CERTIFICATE OF DEATH	

A FRANCISCO DE LA COMPANSIONE DE LA CONTRACTOR DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DE LA COMPANSIONE DE LA COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DE LA

TO FUNERAL TO HOSPITA

VS A15 (4) 15M 9/5B

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		1298	7	CERTIFIC	ATE OF	DEATH			Reg. Dist.	No.	0 - ()
1. PLACE OF E	_	omerset		MARYLAND	I G STATE	ESIDENCE (Whe		ived. If institution b. COUNTY	n: Residence Somer		missian)
b. CITY OR RURAL or	TOWN (If autsided give nearest to C	le carporate lim awn) risfield		c. LENGTH OF STAY IN 16	6. CITY C	Crisfi		te limits, write Rt	JRAL and give	e nearest i	tawn)
OR INSTI	ready M	All the second			d. STREE	302 N.	First	st.		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or pri	nt)	LEWIS	rst	BENJAMIN B	RADSHAW	Lost	4. DATE OF DEATH	Novemb		Day 24,	Year 19 59
5. SEX		olor or race	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED		1885	9.	AGE (In years last birthday)		YEAR IF U	NDER 24 HRS. urs Min.
during mo	CCUPATION (Gist of working life	ve kind af wark e, even if retired	1)	KIND OF BUSINESS OR IND Seafood		HPLACE (State o	r foreign cau	ntry)		SA.	AT COUNTRY?
13. FATHER'S N		ilton B	radsh	aw		r's MAIDEN NA garet	Pruitt		1		
15. WAS DECE.	wn]   (If yes, g	S. ARMED FOR	service)	SOCIAL SECURITY NO. 13-14-6571 M	rs. Miss	souri Br	adshav				rst St ryland
gave ri cause (a) lying con Pai		ate DUE TO	DITIONS O	terisselestee CONTRIBUTING TO DEATH B CRIBE HOW INJURY OCCUR	UT NOT RELATED	is-vase TO THE TERMIN	NAL DISEASE	condition GIV		PE	Verse  AS AUTOPSY RFORMED? NO
3 20c. TIME	PERIODE WAS UNLE	USE OF DEATH AL EXAMINER)		NJURY OCCURRED 20e. Not while	PLACE OF INJUR foctory, street, al	RY (Home, form, ffice bldg., etc.)	20f. (City a	r tawn)	(Cau		(State)
21. I ce alive ar ACTUAL SIGNATUR	11/2 RE	3 J.n.	73a		м.р	noful	M, fram the DDRESS (Street)	et, city ar tawn,	d an the c	date sta	e deceased ited abave DATE SIGNED
NAME (Ty	REMATION, 22	N. Barr b. DATE THEREO 11/27/59	OF	22c. NAME OF CEMETERY Sunnyridge	OR CREMATORY		22d. LOCATIO	ON (City, tawn, or ield, M			(Stote)
	RECTOR'S SIGN		risfi	ADDRESS eld. Marvland			BY REGISTRA	AR 24b. REGIS	TRAR'S SIGN		718

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12971

12988

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

								Keg. Dist. 1	10.	
PLACE OF DEATH     O. COUNTY	SOMERSET		MARYLAN	0 51			d lived. If institution b. COUNTY	on: Residence b		
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, carest town) EWELL		GTH OF STAY IN 1	b c. C	TY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	nearest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, giv SMITH ISLAN		)	pl. S	TREET ADDRESS SMITH	ISLANI	)		e. IS RESIDEN ON A FAS YES NO	RM?
3. NAME OF DECEASED (Type or print)	First JENET	TA	Middle FRANKLIN	I E	Lost	4. DATE OF DEATH	NOVEM		Day Year	
S. SEX FEMALE	6. COLOR OR RACE 7	MARRIED VIDOWED	NEVER MARRIED		OF BIRTH CH 25, 18	388	9. AGE (In years lost birthdoy) yrs.	Months Doy	AR IF UNDER 24	4 HRS Min.
100. USUAL OCCUPATION during most of work HOUSEWI	DN (Give kind of work do king life, even if retired)	AT H		F	EWELL, SN	ATH IS	SLAND, MD		OF WHAT COUN	NTRY
13. FATHER'S NAME	LABAN A.GUY	d.		14. MG	LOUIS	NAME CROC	KETT			
	R IN U. S. ARMED FORCE (If yes, give war or dates of serv		SECURITY NO.	INFORMA		EVANS	EWELL. S		LAND, MI	D.
20g. ACCIDENT WA	mediote the under. Due TO  (c)_  SUNDERLYING 22  CAUSE OF DEATH		BUTING TO DEATH					EN IN PART 1(0	19. WAS AUTO	D?
_	MEDICAL EXAMINER) Y Month, Doy, Year		OCCURRED 20e.	PLACE OF III foctory, stre	NJURY (Home, for et, office bldg., et	m, 20f. (City	or town)	(Coun	ly) (	(Stote
21. I certify the alive an	NOV. 13,1	HUNT, M 959 EW	, and that de	M.D	EWELI TORY CEMETERY	M, fram ADDRESS (S	the causes and treet, city or town, CH ISLAND HON (City, town, L., SMITH	d an the do	DATE SI  (Stote)	bave
BRA	DSHAW & SONS	CRISE	FIELD. MD.			OV 1 6 '5		Ilun & Kr		

TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs fler death. Page 4 may be referred by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/58 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

13.

Months

Somerset

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WO

PERFORMED? YES NO K

(State)

(State)

USA

(County)

arthur S. Krous

DATE NOV 1 9 '59

ON A FARM?

YES NO DO

Year

1959

VS A1S (4) 1SM 9/S8

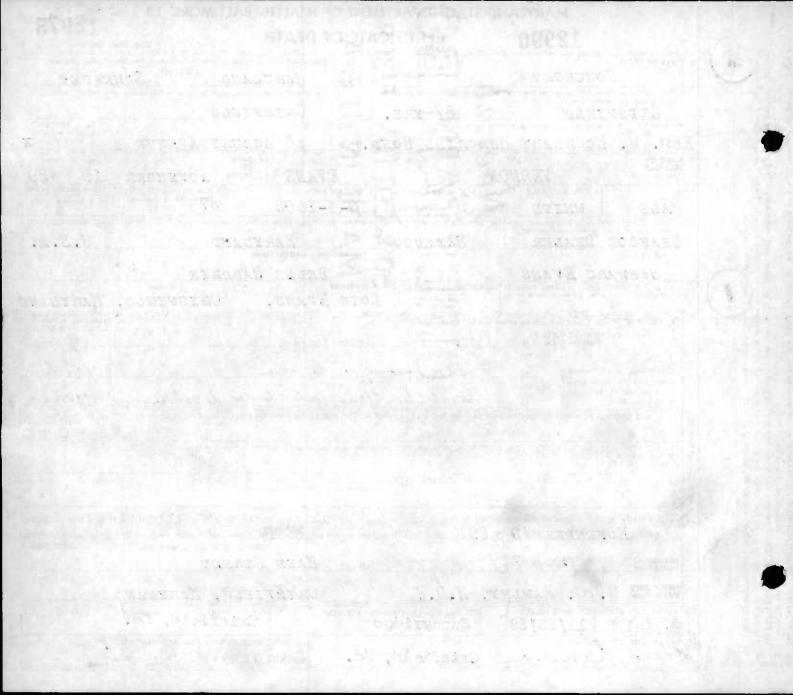
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

12990 CERTIFICATE OF DEATH

12973 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	SOMERSET		MARYLAI	o. ST	AL RESIDENCE (WATE	Where deceased YLAND	lived. If instituti b. COUNTY	~	e before admi	
RURAL ond give	(If outside corporate limi nearest town)  FIELD	ts, write c. LEN	57 YRS	1b c. Cl	TY OR TOWN (IF	outside corpora		URAL ond g	ive nearest to	wn)
	PITAL (If not in hospital, g		)	SP d. SI	TREET ADDRESS	ASBUR		UE	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle		E VANS	4. DATE OF DEATH	Nover	nth	Day 1.9	Year 19 <i>59</i>
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE C			5 AGE (In years birthdoy) yrs.	IF UNDER	YEAR IF UNI	DER 24 HRS
10a. USUAL OCCUPAT	TION (Give kind of work or borking life, even if retired DEALER	)	DE BUSINESS OR I		26	RYLAN		12. CITIZ	EN OF WHAT	S.A.
STEW.	ARD EVANS		Ar Ass		BELLE	MADD				
1S. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FOR Ilf yes, give war or dates of s		L SECURITY NO.	LOIS	EVANS	,	CRISF1		MARI	LANI
PART I. Di  260 × Conditions, if gove rise to couse (o), stotin lying couse los	ony, which (b immediate) g the under-	Pu	enary lmene ablic		Morin Molema rio Se		hearta	Proces	ONSET AN	les
PART II. O	THER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	MINAL DISEASE	CONDITION GI	VEN IN PART	PERF	S AUTOPSY FORMED?
OR CONTRIBUTION	VAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCC	URRED. (Enter n	noture of injury in	n Port I or Port	II of item 18.)	137		
20c. TIME OF INJU Hour o. m p. m	. 10	While N	OCCURRED 20 lot while twork		NJURY (Home, for et, office bldg., et		or town)	(C	ounty)	(Stote
1 22	that I attended the OVEMBER 1  Coverage  C. G. RAW	9, 19 59 Raw	am, and that do $D$		MAIN	BM, from the ADDRESS (Street		nd an the stote)	date state	
220. BURIAL, CREMAT REMOVAL (Specific Burial		220.	NAME OF CEMETE UNNYILD		ORY	Cris	field,	or Md.	(St	tote)
23. FUNERAL DIRECTO	PESPIGNATURE	1	isfield	, Md.		C'D BY REGISTR		STRAR'S SIG		



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the stificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should the warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your files.

TO FUNERAZ SECTOR: Page 3 should be used as a burial-transit permity. File pages 1 and 2 with the Stale, and of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. M

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	12004				Reg. Dist. No	
. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY		
b. CITY OR TOWI	N (It outside corporate limits, write RURAL town)  Marion	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write	RURAL and give n	earest town)
d. NAME OF HO	SPITAL OR INSTITUTION (If not in RFD #1, Box		d. STREET ADDRESS  RFD #1, B	ox 17		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CLARENCE	ELWOOD	FONTAINE SR. 4. DATE OF DEATH	Month November		Year 19 <b>59</b>
5. SEX Male	9.77		Sept 27, 1923	9. AGE (In years lost birthday) 36 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUP during most of we Labore	orking life, even if retired)	Ob. KIND OF BUSINESS OR INDUST Farm & Poultry	IRY 11. SIRTHPLACE (State or foreign Maryland	country)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	Charles H. Fo	ontaine	14. MOTHER'S MAIDEN NAME Lillie Collier			
15. WAS DECEASED   Yes, no, or unknown)  Yes	EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  WW 2		NFORMANT s. Bronnie Fontai	Address ne, RFD Me	rion, Mo	ì.
Conditions, Il gave rise to im (e), stoling the couse lost.  PART II. Complain	f ony, which hamediate cause to pue to to to the underlying to the	badly; lay acros	William	se condition give	EXAMINER	9. WAS AUTOPSY PERFORMED?
	NJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (Ci ory, street, office bldg., etc.)	ly or lawn)	(County)	(State)
21. I certify opinion dec	that I took charge of the tresulted from: Notus	ol causes 🗷, Accident	ove, held an Autopsy,, Suicide, Homicid	e [], Undeter	Inquiry Target manner mined manner 11/3	DATE SIGNED
270 BURIAL, CREMA REMOVAL (Spe Burial	Nov 4, 1959	Library Ceme		ATION (City. 16wn, o Lon Statio		(Stote)
23. FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	240. REC'D BY REGI		TRAR'S SIGNATUR	

12975

7	
	1. PLACE OF DEATH  o. COUNTY  Some rs

12999

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	rset		MARYLAND	o. STATE			lived. If institut b. COUNTY	~	nce before		ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limit neorest lown) 21e1d		GTH OF STAY IN THE	00	OR TOWN (IF ou		ote limits, write f	URAL ond	give near	rest towr	1)
d. NAME OF HOSP OR INSTITUTION E. W. MCCI	ready Memo:	ve street oddress) rial Ho	spital	d. STREE	Asbury	Ave	nue		e		FARM?
3. NAME OF DECEASED (Type or print)	Firs G	eorge	Middle E •	Laws	lost BON	4. DATE OF DEATH	Nov	1th 22	Day 2		Yeor 1959
5. SEX	6. COLOR OR RACE	7. MARRIED TO	DIVORCED		1RTH 3-1918		9. AGE (In years last birthdoy) yrs.	Months	Doys Doys	Hours	R 24 HRS Min.
ACCOUR 13. FATHER'S NAME		Gas			Crisfie	eld,	Md.	12.CIT	IZENOF	WHATC	OUNTRY
	ester Law				Anne F	Pleet					
	ER IN U. S. ARMED FORCE (If yes, give war or dates of se		SECURITY NO.	Marie	Lawsor	ı, As		ress 70nu (	e Cr	isf	ield
Conditions, if gave rise to cause (o), stating lying cause last  PART II. OT	the under-	10	0 6 0	UT NOT RELATED	TO THE TERMIN	NAL DISEASE	E CONDITION GI	VEN IN PAI	RT 1(a) 19	PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCUR	RED (Enter notus	re of injury in Po	ort I or Port	II of ilem 18.)			152	NO 🖅
20c. TIME OF INJU Hour o. m. p. m.		While _ No	OCCURRED 20e.	PLACE OF INJUR foctory, street, o	RY (Hame, farm, ffice bldg., etc.)	20f. (City	or town)		(County)		(Stote
21. I certify to alive anN  ACTUAL SIGNATURE	hat I attended the for 22	. 1959	m. fasse (and that deal 21, D.		at 5:30A	M, fram	2 , 1959 the causes ar reel, city or town,	d an th		stated	
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC	ON, 22b. DATE THEREO		IAME OF CEMETERY	OR CREMATOR	risfie	1d.	Marylar ION (City, town,	or coupy)		(Stot	e)
23 FUNERAL DIRECTOR	11/24/5		sbury Co	emerery		BY REGISTI	T .	STRAR'S SI			
10 and and	1 Dine	' /	Crisfie	ld. Md.		OV 2 7		7 -1	200	9	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retored by the haspital or attending physician. **D FUNERAL**CTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL may be reto VS A15 (4) 1SM 9/58

Pages 1 and 2 should be filed with

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12978

1		1298	1	CERTIFIC	CATE OF	DEATH	1		Reg. D	ist. No		0 • 0
	o. COUNTY	Somerset	# 1	MARYLANI	II A STATE			lived. If institution b. COUNTY	-	nce befo		ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crisfield			NGTH OF STAY IN 11	6. CITY	OR TOWN (IF C		ote limits, write R	URAL ond	give ne	arest town	)
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, give			d. STRE	4 N.	Somers	et Ave.				PARM?
	3. NAME OF DECEASED (Type or print)	First DORA		Middle THOMAS	POLE	Last ETTE	4. DATE OF DEATH	Novembe:		2°		Year 1959
	s. sex Female	*** * * * * * * * * * * * * * * * * * *	MARRIED [	NEVER MARRIED DIVORCED		), 1874		9. AGE (In years last birthdoy) 85 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UNDE Hours	R 24 HRS. Min.
	10a. USUAL OCCUPATION during most of working Housewif	ng life, even if retired)		of Business OR IN		HPLACE (Stote	or foreign co	untry)		IZEN OF	WHATC	OUNTRY?
_	13. FATHER'S NAME Thomas R	iggin				er's maiden nancy Ri						
I	15. WAS DECEASED EVER	IN U. S. ARMED FORCES  Tyes, give war or dates of service  None	16. SOCIA No.	AL SECURITY NO.	rs. Dor	othy Mc	Clenah	an, 4 E.			ke A	
	PART I. DEAT  420 / Conditions, if on gove rise to im couse (o), stoting to lying cause lost.	he under- DUE TO (c)	Coron	Just I	rufa infa onlos	ulion orde	Nor 6	Embol	۸	2	ERVAL BE SET AND LUR	DEATH .
	PART II. OTHE	LI CAUSE OF DEATH I	-	HOW INJURY OCCUP	facet	on			EN IN PA	RT 1(o) 1	PERFO	NO
	20c. TIME OF INJURY Hour o. m. p. m.	10		OCCURRED 20e. Not while	PLACE OF INJU foctory, street, o			or town)		(County)		(Stote)
1	21. I certify the alive an ACTUAL SIGNATURE	arah M. Peyt	1959	am A ever	th accurred	at 10:42	ADDRESS (SI	29, 1959 the causes an reet, city or town, a Marylan	d an th		stated	
	220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Dec. 1, 19		NAME OF CEMETERY UNNYTIGE	OR CREMATOR			field, M	aryla		(Stot	e)
	23. FUNERAL DIRECTOR'S  Bradshaw &	Sons, Crist		Maryland		24a. RAE	B B REGIST	gar 24b. REGI	strar's s	Kau	RE	

TO HOSPITAL may be reto VS A1S (4) 1SM 9/SB

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VS. A15ME(5) 5M 9/55

Page 4 should be		buriol, erematian,
ges 1, 2, and 3 to the funeral director. Page 4 should be	ed for your fill	ages I and 2 with the registrar to buriol, crematian
ges 1, 2, and 3 ta	5 may be retained far your fil	ages I and 2 with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12977

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY Somer	set		MARY	LAND	2. USUAL RESIDER			onfeun		ence bef	ore admi	ssian)
t	o. CITY OR TOWN (If o and give necres fown)	utside corporate limits, writ	e RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TO	WN (If autsi	de corporate	limits, write	RURAL on	d give n	earest to	vn)
	Princes		1 920			× Prince	ess A	nne					
1	. NAME OF HOSPITA	L OR INSTITUTION (	If not in h	ospital, give street address	•)	d. STREET ADD		d Ave				ON	SIDENCE A FARM?
3.	NAME OF	Fir	st	Middle		Lost	4. D		Mont		Day		ear
		mes Ar	thur	Powell		EUSI	0	EATH	Nov				9 59
5. 9	male	6. COLOR OR RACE white	7. MARI WIDOW	RIED NEVER MARRIED TED TO DIVORCED	-	DATE OF BIRTH	381	9. AC	E (In years birthday) 8 yrs.	IF UNDER Months	1YEAR Doys	Haurs	R 24 HRS. Min.
10a	usual occupation furing most of working insurance	life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUSTI	Maryla Maryla		reign country	)		ZEN OF		COUNTRY?
13.	FATHER'S NAME				475	14. MOTHER'S MAI							
	James F	I. Powell				Cornell	le Mi	100					
15.	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO.	17. IN	FORMANT	2. C. 212.2.	100	Address				
(Yas	no. or unknown)	If yes, give war or dates of	service)	?	Mr	Howard	Gree	n Jr.	Prin	ncess	An	ne,	Md.
	PART I. DEATH	E (Enier only one could be cou		for (a), (b), and (c).]  Acute Coron	ary	Heart Die	sease				ONSE	AND DE	TH
	Canditions, if any gave rise to immedia (a), slating the un cause last.	which (b)		Died in his	sle	eep							
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERMINAL	SISEASE CON	IDITION GIV	EN IN PAR		PERFO	NO 1
	20g. EXTERNAL CAUS PRIMARY Der CONT CAUSE OF DEATH.	E WAS RIBUTING []	b. DESCRI	BE HOW INJURY OCCURI	RED. (Er	ter nature of injury	in Part 1 ar	Part II of ite	n 18.)				
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yeo	Whi			E OF INJURY (Homey, street, affice bld		f. (City or to	wn)	(Co	unty)		(Stole)
	21. I certify the	t I took chorge	of the	remains described	abov	e, held on Au	otopsy [	, Inspec	tion 🖃	Inquir	ry 🗐	ond i	ind that
	death resulted f	rom: Noturol	couses	Accident ,	Suic	ide 🔲, Hom	nicide 🔲	, Undete	ermined o				
1	ACTUAL SIGNATURE	Dt John	in			M.D. CHIEF MEDI						DATE S	IGNED
	EXAMINER'S NAME (Type)	R. H. Joh	nson			DEPUTY MED			Nove	mber .	5, 1	959	
220	BURIAL CREMATION REMOVAL (Specify) burial	1 T-5-59		Manokin				LOCATION (				(State	)
23.	FUNERAL DIRECTOR'S			ADDRESS An		240	REC'D BY	Prin REGISTRAR 9 '59		straks st			

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VS A15 (4) 15M 9/5B

	12994	CERTIFICA	ATE OF DEAT	Н	100	Reg. Dist. N	lo. 1 1	136
PLACE OF DEATH	omerset	MARYLAND	2. USUAL RESIDENCE (W		d. If institution b. COUNTY	Somer		ion)
RURAL ond give neg	outside corporote limits, write rest town) ingston	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		limits, write RU	JRAL and give	nearest town	1)
d. NAME OF HOSPITA	L (If not in hospital, give street 1d State Rd.	address)	d. STREET ADDRESS	ate Rd.				IDENCE FARM?
NAME OF DECEASED (Type or print)	First ELIZABETH	Middle CHARITY	RAGUI Lost	4. DATE OF DEATH	Mon ovembe		/	Year 19 <b>5</b> 9
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH Jan. 11, 1883	lo	GE (In years ast birthday)  6 yrs.	Months Day		Min.
Housewif	ng life, even if retired)	KIND OF BUSINESS OR INDU	Maryland		у)	12. CITIZEN		OUNTR
13. FATHER'S NAME  Theodore	Swift		Matilda M		5			
	IN U. S. ARMED FORCES? yes, give wor or dates of service) None	None Mr	nformant s. Dora Henss	s, Kingst	on, Ma:	ryland		
Conditions, if any gave rise to im couse (o), stating the lying couse lost.	mediote DUE TO (c)	Myread	etex C. Qu	+ Nept	cretic	EN IN BART V	7	AUTOR
CATIC	Genera	l atems	sclerosi		enelit	TI IN PART 10	PERFC	RMED?
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II o	f item 1B.)	r		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. I While of wo	Nat while fo	ACE OF INJURY (Home, for ctory, street, affice bldg., et		own)	(Caun	ty)	(Sto
actual SIGNATURE	eorge C. Coul	Day, and that death	16, 19.54, ta_ accurred at 1.001 M.D. Marion	1	causes an	Nayle.	ate stated	
220. BURIAL, CREMATION REMOVAL (Specify) Burial		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, c	or county)	(Sto	(e)
3. FUNERAL DIRECTOR'S	SIGNATURE & Sons, Crisfi	eld, Maryland	24a. REC DA 10 F.(	D BY REGISTRAR		STRAR'S SIGNA		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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HO	page 3 shows be detached far use as the buriol-transit permit. Then please remove carbon page the registrar prior to burial, cremation, or removal, and in any event within 72 lauts after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	TO FUNERAL RECOR: After this certificates programs by the attending physician and completely filled in the funeral director, page 3 shows be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the registrar prior to burial, cremation, or removal, and in ony event within 72 flauss after death.
1SM	9/SB

MARYLAND 12995	tems 8,9 Film	ENT OF HEALTI 254 1-14-60 ATE OF DEATI	H	12978 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution, I have been been been been been been been be	Residence before admission) Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Tairmount	c. LENGTH OF STAY IN 16		outside corporote limits, write RUR	AL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Robert	Bain	Revelle	4. DATE OF NOVEM	ber 9, Year 59
s. sex 6. COLOR OR RACE 7. MAR widow		8. DATE OF BIRTH March 29,		FUNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTRY
John H. Revelle		14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [If yes, give war or dates of service]	SOCIAL SECURITY NO. Mr	nformant s. Jeanie I	Revelle: Fain	
PART I. DEATH Enter only one cause per li  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS	Coronary nerolized as	Invarely Insuffice terisacles acie	E / Lypatin	INTERVAL BETWEEN ONSET AND DEATH  ALCONOMICS  AND DEATH  AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 1B.)	YES NO
20c. TIME OF INJURY Month, Day, Year Molte of two Year P. m.	Not while for	ACE OF INJURY (Home, forr ctory, street, office bldg., etc	n, 20f. (City or tawn)	(County) (Stote
21. I certify that I attended the decease alive an	grama para	accurred at $lo.A.$	M, from the causes and ADDRESS (Street, city or town, sto fulf, 12d, 17d)  22d. LOCATION (City, town, or Fairmount,	an the date stated above tote)  DATE SIGNE  (Stote)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Princess	4 11	D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE

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NAME OF STREET		Les Duits and the		
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te braivis . An	HOEFE & H.S.	Yamaria -	TALLIAN ST	DETERM

19989 CERTIFICATE OF DEATH

Reg. Dist. No.

12979

	14304				Keg. Dr	ST. NO.
1. PLACE OF D	Somerset	MARYLAND	- CTATE		b. COUNTY Some	ce before admission)
b. CITY OR 1 RURAL one	OWN (If outside corporate limits, wr give nearest town) Crisfield	c. LENGTH OF STAY IN 16		If outside corporate li	mits, write RURAL ond	give nearest town)
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, give st UTION 18 E. Chesap		d. STREET ADDRESS	E. Chesape	ake Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	First	Middle CLEVELAND	TYLER	4. DATE OF DEATH	Month November	27 Yeor 19 59
5. SEX Ma.1		MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH	9. AC	GE (In years tt birthdoy) yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
during mos	CUPATION (Give kind of work done tof working life, even if retired)	10b. KIND OF BUSINESS OR INDU Seafood	STRY 11. BIRTHPLACE (SM			IZEN OF WHAT COUNTRY?
13. FATHER'S NA	AME	1	14. MOTHER'S MAIDE	NAME		1915-14
And	rew Tyler		Charlot	te Messick		
No. WAS DECEA	SED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  None		INFORMANT cs. Carrie T	yler, 18 E	Address Chesapeak	ce, Crisfield
gave ris couse (o), lying cou	ns, if any, which to a immediate stating the <u>under-</u>	Note Progress  NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CON	A DEFENDE	1 1(o) 19. WAS AUTOPSY
PART VOILEY 20a. ACCID OR CONTR (IF EITHER,	Peneral Certie	ia Selvous a		in Donal on Donal Hoof	24-101	PERFORMED? YES NO
	ENT WAS UNDERLYING DENTH 20b. BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury	in Port I or Port II of	item (B.)	
	o. m. W		LACE OF INJURY (Home, fi actory, street, office bldg.,		wn) ((	Caunty) (State)
21. I cer alive an actual signaturi PHYSICIAN NAME (Typ	Henge CCo	259, and that death	M.D	1	causes and an the	ist saw the deceased e date stated abave. DATE SIGNED
220. BURIAL, CR REMOVAL BUTIA		22c. NAME OF CEMETERY C Sunnyridge (			(City, town, or caunty) eld, Md.	(Stote)
	rector's signature haw & Sons, Crist	ADDRESS	24a. R DATE	DEC 8 '59	24b. REGISTRAR'S SIG	

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be refully by the hospital or attending physicion.

O FUNERAL ECTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL E VS A15 (4) 15M 9/5B

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# FOR STATE HEALTH DEPT director. Page or your files.

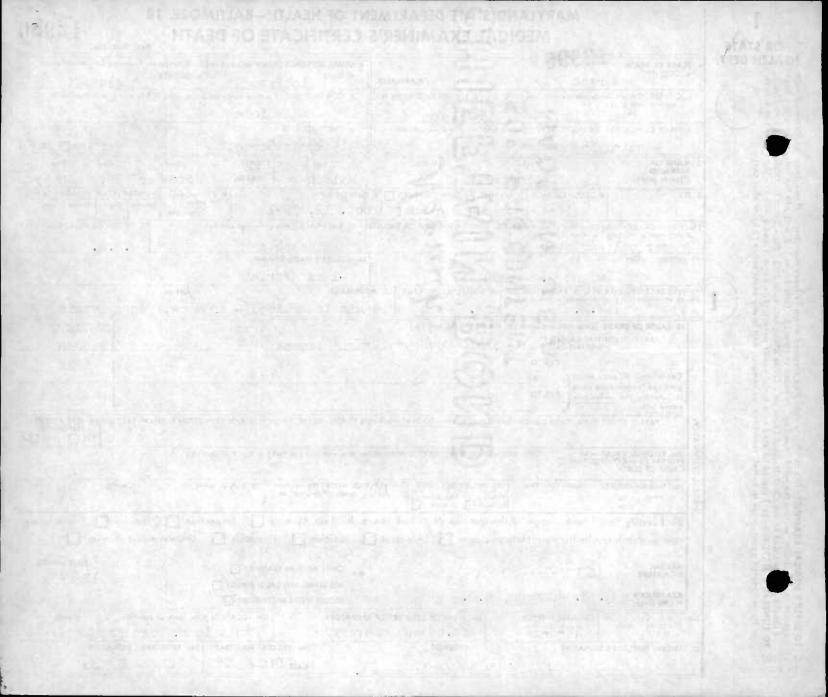
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12980

			*0000							Keg.	Dist. No	).	
•	1, 1	LACE OF DEATH	24330				2. USUAL RESIDENCE (V	Vhere decea	sed lived. If institu	tion: Resi	dence be	fore odmi	sion)
	°	Son	nerset		MARY	LAND	o. STATE Michi	gan	b. COUNT	Sch	oolc	roft	1
1	b		f outside corporate limits, writ	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	-	porate limits, write				vn)
1			l Island		1 day		Manis	tique		59	X . 3		
	d			If not in has	pitat, give street address	s)	d. STREET ADDRESS					e. IS RE	SIDENCE
		Huntin	g Lodge				315 Range	Street	t			YES [	NO NO
	1	NAME OF DECEASED Type or print)	Fie I	 lussel	Middle		Watson	4. DATE OF DEATH	Novem		30.	Y.	9 59
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS.
		Male	White	WIDOWE			Oct. 12, 189		last birthday) 68 yrs.	Months	Days	Hours	Min.
			ON (Give kind of work ng life, even if retired) Forester	done 10b. K	CIND OF BUSINESS OR I	INDUSTI	Minneso		country)		.S.A		COUNTRY
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN		600				150
_			Dwight H. V	Vatson			Clara Mer	ritt					
T		WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.		FORMANT		Address				
	1	yes	W.W. I	un	ık.	De	nnis Youngbl	ood -	Ardmore,	Pen	nsyl	vania	
).	CERTIFICATION	Conditions, if a gove rise to imme (a), storing the cause fost.  PART II. OT	diate cause underlying DUE TO (c)	DITIONS CC	ONTRIBUTING TO DEATH	1 BUT N	eart Disease OT RELATED TO THE TERM	INAL DISEAS		VEN IN PA	S1	er and dean adden	UTOFSY
	MEDICAL CE	PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a.m. p. m.	JRY Manth, Day, Ye	While		PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.	n, 20f. (Cit)	y or town)	{C	ounty)		(Stole)
		opinion death		Natural (	causes 🖾. Accid	_	e, held an Autops  Suicide	Hamicide  (AMINER []  AL EXAMINE			manne		
		Burial Specify	12-5-5		22c. NAME OF CEMETE Fairview			4000000	TION (City, fown,			(Stole	)
	23.	PUNERAL DIRECTO	R'S SIGNATURE?	12	ADDRESS	7		D BY REGIST		STRAR'S S	IGNATU	RE	
		1 K/ U/	813 1en	un	cess (1)	1100	P DATE D	EC 2	'59 I a	Mus	8 4	4	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the difficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should it warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain 10 FUNERAL SIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State are its designated agent, prigr to burial, cremation, at removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57



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	Branch State					
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